APPLICANT DATA RECORD

All decisions regarding terms and conditions of employment are conducted without regard to race, creed, color, national origin, sex, age, 'disability, marital status, sexual orientation, ancestry, religion or any other basis protected by federal, state or local law. We comply with government regulations, including affirmative action responsibilities, where they apply. Solely to help us comply with governmental record keeping, reporting and other legal requirements, we request that you please fill out the Applicant Data Record. We appreciate your cooperation. This data is for periodic government reporting and will be kept in a Confidential File separate from the Application for Employment. YOUR COOPERATION IS VOLUNTARY. Please Print: Position applied for: Date: _____ Applicant Name: Phone: Last First MI Address: _ City State Zip Code Referral Source (Check one) Advertisement – If checked, which one? Friend^{*} Relative - If checked, name of relative? Walk In Employment Agency – If checked, which one? CONFIDENTIAL INFORMATION **VOLUNTARY SURVEY** Various government agencies request statistical information regarding our hiring practices. Your cooperation in completing this form is completely voluntary. Any information gathered is strictly confidential and will not subject you to coercion or intimidation relating to your status. Failure to provide this information will not adversely affect your application. Thank you for your cooperation. Check one: ___ Male ___ Female Check one the following Race/Ethnic Groups: White Black Hispanic American indian/Alaskan Native Asian/Pacific Islander VETERAN STATUS: Individual with Disability? (if yes, please check box) A = Vietnam Era Veteran B = Special Disabled Veteran C = Other Eligible Veteran N/A = Not Applicable